

**KANSAS TITLE V MATERNAL AND CHILD HEALTH (MCH) BLOCK GRANT
FEDERAL REVIEW FEEDBACK SUMMARY**
[2014 Application / 2012 Annual Report](#)

REQUIREMENTS

- None

STRENGTHS

- Established many key partnerships to meet the needs of MCH populations.
- Extensive public input process this year, utilizing the online survey tool with wide distribution across agencies and organizations; this generated significant responses on the programs and services. ([Review survey results](#) and [provide input](#)).
- Refining and retiring duplicative performance measures and specifically identifying a new area, infants with hearing loss enrolled in Early Intervention Services by six months of age.
- Shifting from a direct service model towards funding other levels of the MCH pyramid, with a focus on enabling and population based services.
- Regionalized service system for Children and Youth with Special Health Care Needs (CYSHCN) in order to serve the diverse and rural populations across Kansas.
- Development of a comprehensive youth and family-informed transition model. The "[Building a Life](#)" website is an excellent, comprehensive educational resource.
- Documented need for a State Adolescent Health Plan; the state is encouraged to convene stakeholders to make this a reality.
- Commitment to reducing racial and ethnic health disparities, in conjunction with the Blue Ribbon Panel on Infant Mortality; analyzing racial and ethnic disparities; Medicaid disparities; and potential disparities in rural communities with inadequate access to prenatal care.
- Analyzing systems in place for years related to the funding formula for Aid to Local (ATL) grants, to ensure funding formulas are appropriate in awarding grants to local health departments for MCH service delivery.
- Notable decrease in state teen pregnancy rate.
- Use of peer mentorship programs as an appropriate and effective strategy to address smoking cessation/preterm birth.
- Impressive infrastructure building activities planned for the upcoming year to address childhood obesity.

WEAKNESSES

- Limited provider and specialty provider services available.
- CYSHCN Family Advisory Council currently has six vacancies.
- MCH Program is taking steps to address suicide prevention with limited funding to support efforts.
- Activities around State Performance Measure 2 appear to be focused on binge drinking during pregnancy, but not on binge drinking during reproductive years; State updated the application.

- Hispanic population increased 59.4% from 2000 to 2010, making up 10.5% of the State's population; strategies or interventions to reach these population groups were not discussed.
- Health Status Capacity Indicator (HSCI 09B) related to adolescent tobacco was highlighted in the application but plans to address youth tobacco use were not discussed.

RECOMMENDATIONS

- Proceed with technical assistance to develop and apply an MCH ATL funding formula.
- Look at the barriers impacting participation with CYSHCN Family Advisory Council/ Youth Advisory Council.
- Add discussion for HSCI 09B as to plans to address youth tobacco usage.
- Strengthen and expand evaluation strategies for all initiatives, so that successes and needs can be documented and addressed. Information on evaluation plans (and outcomes if available) would strengthen the application.
- Focus greater attention on the behavioral concerns at root of suicide attempts (including depression, substance abuse, increased stress and hopelessness as well as lack of family support) and how root causes are being addressed in schools, communities and families.
- MCH program, together with the Office of Minority Health and the MCH Advisory Council, can explore and implement a plan to connect and integrate individual MCH staff members with community members in order to build relationships, establish trust and move together toward addressing health disparities in underserved communities.
- MCH program, together with Medicaid and the Office of Minority Health, should look at opportunities to research the population understood to be 'presumably ineligible' for Medicaid and SCHIP to discover potential cultural barriers and other factors impacting the uninsured rate in the Hispanic community and develop strategies to address them.